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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	13240(A)
First Named Inventor	MILLER, DAVID
<i>COMPLETE IF KNOWN</i>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROGRAMMABLE SELF-OPERATING COMPACT DISK DUPLICATION SYSTEM

the specification of which

(Title of the Invention)

is attached hereto
OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number [REDACTED] and was amended on (MM/DD/YYYY) [REDACTED] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number <i>(if applicable)</i>
09/152,815	09/14/1998	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → *Place Customer Number Bar Code Label here*
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Richard Esty Peterson	26,495		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number OR Correspondence address below

Name	RICHARD ESTY PETERSON				
Address	PATENT ATTORNEY				
Address	1905-D PALMETTO AVENUE				
City	PACIFICA	State	CA	ZIP	94044
Country	United States	Telephone	(650) 557-5708		Fax (650) 557-5716

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
DAVID		MILLER					
Inventor's Signature							Date 10/25/00
Residence: City	Orinda	State	CA	country	United States	citizenship	USA
Post Office Address	20 La Espiral						
Post Office Address							
City	Orinda	State	CA	ZIP	94563	Country	United States

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(b))--INDEPENDENT INVENTOR**Docket Number (Optional)
13240(A)Applicant, Pattee, or Identifier: **DAVID MILLER**

Application or Patent No.: _____

Filed or Issued: _____

Title: **PROGRAMMABLE SELF-OPERATING COMPACT DISK DUPLICATION SYSTEM**

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- the specification filed herewith with title as listed above.
- the application identified above.
- the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- No such person, concern, or organization exists.
- Each such person, concern, or organization is listed below.

WORDTECH SYSTEMS, INC.

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

DAVID MILLER

NAME OF INVENTOR

Signature of inventor

Date

NAME OF INVENTOR

Date

NAME OF INVENTOR

Date

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(c))--SMALL BUSINESS CONCERN**
Docket Number (Optional)
13240(A)Applicant, Patentee, or Identifier: **DAVID MILLER**

Application or Patent No.: _____

Filed or Issued: _____

Title: **PROGRAMMABLE SELF-OPERATING COMPACT DISK DUPLICATION SYSTEM**

I hereby state that I am

the owner of the small business concern identified below:
 an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN **WORDTECH SYSTEMS, INC.**ADDRESS OF SMALL BUSINESS CONCERN **4020 Pike Lane, Concord, CA 94520**

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office. Questions related to size standards for a small business concern may be directed to: Small Business Administration, Size Standards Staff, 409 Third Street, SW, Washington, DC 20416.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

the specification filed herewith with title as listed above.
 the application identified above.
 the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization having any rights in the invention is listed below:

no such person, concern, or organization exists.
 each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

NAME OF PERSON SIGNING **DAVID MILLER**TITLE OF PERSON IF OTHER THAN OWNER **PRESIDENT**ADDRESS OF PERSON SIGNING **20 La Espiral, Orinda, CA 94563**SIGNATURE DATE **10/23/00**

ASSIGNMENT

WHEREAS, I, DAVID MILLER of 20 La Espiral, Orinda, California,
94563, and, am the inventor of a new and useful

**PROGRAMMABLE SELF-OPERATING COMPACT
DISK DUPLICATION SYSTEM**

for which I have applied for Letters Patent of the United States, the said invention being fully described in and identified by the specification and drawings in my application for Letters Patent of the United States, executed by me in the City of Concord, State of California, on the 23rd day of October, 2000.

WHEREAS, WORDTECH SYSTEMS, INC., with principal offices at 4020 Pike Lane, Concord, California, 94520 is desirous of acquiring the entire right, title and interest in and to the said invention and in and to the Letters Patent thereon, when granted, and in and to any and all improvements thereon;

NOW THEREFORE, TO ALL WHOM IT MAY CONCERN:

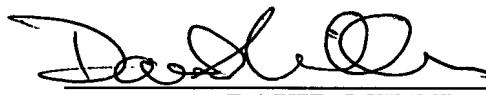
BE IT KNOWN that for and in consideration of the sum of One Dollar (\$1.00) to me in hand paid and of other good and valuable consideration by me received from the said WORDTECH SYSTEMS, INC., the receipt whereof in full by me is hereby acknowledged, I, DAVID MILLER, have sold, assigned, transferred and set over and do by these presents sell, assign, transfer and set over unto the said WORDTECH SYSTEMS, INC., its successors and assigns, the entire right, title and interest in and to my said invention and in and to the Letters Patent thereon, for the whole of the United States and each and every foreign country, which may or shall be issued thereon, and in and to any and all improvements thereon;

**THE SAME TO BE HELD AND ENJOYED BY WORDTECH SYSTEMS,
INC.,** its successors and assigns, for its own use and behoof to the full end of the term for which

the said Letters Patent shall or may be granted, as fully and entirely as the same might or could have been enjoyed by me had this assignment and sale not been made.

AND I HEREBY AUTHORIZE AND REQUEST the Commissioner of Patents and Trademarks to issue the said United States Letters Patent on my said invention, when granted, unto my assignee, **WORDTECH SYSTEMS, INC.**, in accordance with this assignment.

IN WITNESS WHEREOF, I, the said **DAVID MILLER**, hereunto set my hand at and in the City of Concord, County of Contra Costa, State of California, this 23 day of October, 2000.



DAVID MILLER



RECORDATION FORM COVER SHEET PATENTS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

New
 Resubmission (Non-Recordation)
Document ID#
 Correction of PTO Error
Reel # Frame #
 Corrective Document
Reel # Frame #

Conveyance Type

Assignment Security Agreement
 License Change of Name
 Merger Other
U.S. Government
(For Use ONLY by U.S. Government Agencies)
 Departmental File Secret File

Conveying Party(ies)

Mark if additional names of conveying parties attached Execution Date
Month Day Year

Name (line 1) DAVID MILLER

10/23/2000

Name (line 2)

Second Party

Name (line 1)

Execution Date
Month Day Year

Name (line 2)

Receiving Party

Mark if additional names of receiving parties attached

Name (line 1) WORDTECH SYSTEMS, INC.

If document to be recorded
is an assignment and the
receiving party is not
domiciled in the United
States, an appointment
of a domestic
representative is attached.
(Designation must be a
separate document from
Assignment.)

Name (line 2)

Address (line 1) 4020 PIKE LANE

Address (line 2)

Address (line 3) CONCORD
City CA/USA
State/Country 94520
Zip Code

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name RICHARD ESTY PETERSON

Address (line 1) PATENT ATTORNEY

Address (line 2) 1905-D PALMETTO AVENUE

Address (line 3) PACIFICA, CA 94044

Address (line 4)

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Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

Correspondent Name and Address

Area Code and Telephone Number **(650) 557-5708**

Name **RICHARD ESTY PETERSON**

Address (line 1) **PATENT ATTORNEY**

Address (line 2) **1905-D PALMETTO AVENUE**

Address (line 3) **PACIFICA, CA 94044**

Address (line 4)

Pages Enter the total number of pages of the attached conveyance document including any attachments.

2

Application Number(s) or Patent Number(s)

Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Patent Number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor.

Month **Day** Year

10/23/2000

Patent Cooperation Treaty (PCT)

Enter PCT application number

PCT

PCT

PCT

only if a U.S. Application Number PCT

PCT

PCT

has not been assigned.

Number of Properties

Enter the total number of properties involved.

1

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$ **40.00**

Method of Payment:

Enclosed Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Richard Esty Peterson

Name of Person Signing

Signature

10/24/2000
Date